IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Dkt.: 160-393

Mail Stop Patent Application

Commissioner for Patents		Date: Octobe	er 17, 2003				
P.O. Box	1450 a, VA 22313-1450					(
Sir:	a, VA 22313-1430					0	
	for filing is the patent application of:					۾ ا	:e
Inventor: ITOH						S	99
Entitled: TEST TUBE TYPE DISCRIMATION APPARATUS						्री	18 (8)
and including attachments as noted below:							
Newly executed Declaration, Copy of Declaration from prior application, Abstract Please delete the following inventors in the continuation/division/continuation-in-part application:							3- <u> </u>
Deleted persons:							
	les of specification and claims (includ						
1 she	ets of accompanying drawing/s.	•					
Rec	cord the attached assignment to	,	and return to the t	undersigned.			
	ached is a Power of Attorney. ority is hereby claimed under 35 U.S.	C & 110 based (on the following fore	ian applications:			
Δ PIIO	plication Number		ountry	Day/Month/	Year	· File	d
	2-318703		APAN	31 Octob			_
, respectively, the entire content of which is hereby incorporated by reference in this application							
⊠ Cer	tified copy(ies) of foreign application			filad			
☐ Cer	Certified copy(ies) filed onin prior appln. nofiled Petition filed in prior application to extend its life to insure co-pendency.						
	The prior application is assigned to , , ,						
☐ It is	It is hereby requested that the Examiner consider the art cited in the parent application by applicant and/or the						
Exa							
App Plea	Applicant claims "small entity" status.						
☐ Piea	ase enter the attached and/or below	prenminary ame	nument <u>prior</u> to car	culation of filling fee.			
Amino Acid Sequence Submission; Statement deleting Inventor(s) named in prior application; Other:							
PTO 1449 W/References							
Basic Filing	FILING FEE IS BASED ON	CLAIMS AS FIL	ED LESS ANY HE	REWITH CANCELED	\$		770.00
	tive claims 6 - 20 (at least 20) = 0 x\$	18.00		\$	8	0.00
Independe	ent claims 2 - 3 (at least 3)		86.00		\$		0.00
If any prop	er multiple dependent claims now added	for first time, add	\$290.00 (ignore impr	oper) SUBTOTAL	\$		0.00 770.00
If "small entity," then enter half (1/2) of subtotal and subtract					-\$(385.00)
				SECOND SUBTOTAL	\$		385.00
Assignmer	nt Recording Fee (\$40.00)			TOTAL FEE ENCLOSED	\$		0.00 385.00
Any future submission requiring an extension of time is hereby stated to include a petition for such time extension.							
The Commissioner is hereby authorized to charge any <u>deficiency</u> , or credit any overpayment, in the fee(s) filed, or asserted to be filed,							
or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.							
	g copy of this sheet is attached.						
•	dence Address:	 i	NIXON & VAND		27		
Custo	mer Number: 231	17	by Ally. Althur r	R. Crawford, Reg. No. 25,3	21		
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. 11 10.puo			Signature:	CAM CAM			